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7590

09/08/2004

Gottlieb Rackman & Reisman

270 Madison Avenue

New York, NY 10016-0601

11/10/2004 NNGUYEN2 00000149 071730 09936854

01 FC:1501
02 FC:890131.00 DA
9.00 DA

1339.00 OP

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Susan Piperno

(Depositor's name)

Susan Piperno

(Signature)

November 08, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/936,854

01/02/2002

Michael Berthon Jones

3869-24

4411

TITLE OF INVENTION: CONTROL OF SUPPLIED PRESSURE IN ASSISTED VENTILATION

11/10/2004 NNGUYEN2 00000149 071730 09936854

01 FC:4001
02 FC:1301

40.00 DA

9.00 OP
1339.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

12/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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DAWSON, GLENN K

3731

128-200240

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively;

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Gottlieb, Rackman & Reisman

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RESMED LIMITED

NORTH RYDE, NSW AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies three (3)

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1730 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Michael I. Rackman*Date November 08, 2004

Typed or printed name

Michael I. RackmanRegistration No. 20,639

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